

Haywell Docket No. H0005567 -4780
Practitioner's Docket No. H9930-0305

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Application No.: 10/717,028

Group No.: 1752

Filed: November 18, 2003

Examiner: Connie P. Johnson

For: ANTI-REFLECTIVE COATINGS FOR VIA FILL AND PHOTOLITHOGRAPHY
APPLICATIONS AND METHODS OF PREPARATION THEREOF

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that a one month extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is *mandatory*;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

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☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10*

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TRANSMISSION

G facsimile transmitted to the Patent and Trademark Office, (703) _____ - _____

Date: March 14, 2006


Kristin J. Azcona

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FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	54	— 56	= 0	x \$ 50.00	= \$	0.00	
INDEP.	5	— 5	= 0	x \$ 200.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
TOTAL ADDIT. FEE					\$	0.00	

No additional fee for claims is required.

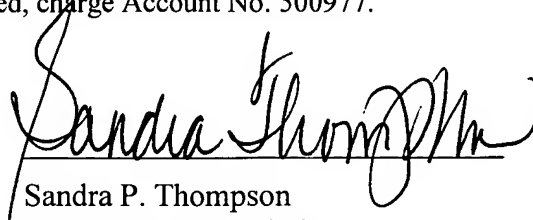
FEE DEFICIENCY

5. Please charge Account No. 500977 for a one month extension fee of \$120.00.

An additional extension and/or fee is required, charge Account No. 500977.

An additional fee for claims is required, charge Account No. 500977.

Date: March 14, 2006



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